



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CARMEL HOSPITAL

City of Hospital: Carmel

Year Begin: 07/01/2015 (mm/dd/yyyy format)

Year End: 06/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Bronwyn Polachowski

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Medicare Provider Number: 15-0157

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$232439785
Outpatient Patient Service Revenue	\$224885148
Total Gross Patient Service Revenue	\$457324933

2. Deductions From Revenue

Contractual Allowance	\$261014663
Other Deductions	\$11882438
Total Deductions	\$272897101

3. Total Operating Revenue

Net Patient Service Revenue	\$184427833
Other Operating Revenue	\$2513682
Total Operating Revenue	\$186941515

4. Operating Expenses

Salaries and Wages	\$42829794	Employee Benefits	\$11446924
Depreciation and Amortization	\$7087764	Interest Expense	\$642020
Bad Debt	\$6515370	Other Expenses	\$56782461
Total Operating Expenses	\$125304333		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$61637182	Total Assets	\$707170000
Net Non-operating Gains over Loss	\$-17742922	Total Liabilities	\$32203000

Total Net Gains	\$43894260
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$135044821.9	\$106848747.85	\$28196074.05
Medicaid	\$42369415.55	\$34927046.73	\$7442368.82
Other Government	\$3603484	\$2994174	\$609310
Other State	\$0	\$0	\$0
Other Payers	\$276307212.32	\$134642501.81	\$141664710.51
Total	\$457324933.77	\$279412470.39	\$177912463.38

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$303025	\$-303025

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$62440	\$-62440
Hospital Patients	\$0	\$269	\$-269
Community Education	\$0	\$240520	\$-240520

Number of Medical Professionals Trained	368
Number of Hospital Patients Educated	70
Number of Citizens Exposed to Health Education Messages	1477

Statement Six: Charity Statement

Hospital Charity Charges	\$4480360
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1103135	
HCI Payments	\$0		
Subtotal	\$0	\$1103135	\$-1103135
Medicaid Shortfalls	\$0	\$7199573	
Subtotal	\$0	\$11679933	\$-11679933
DSH Payments	\$0		
Subtotal	\$0	\$11679933	\$-11679933
Medicare Shortfalls	\$0	\$5054086	
Other Government Programs	\$0	\$0	
Total	\$0	\$16734019	\$-16734019

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$825074	\$-825074
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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